STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
LaPorte	Kathleen	Darken
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) Californ a Irsh No	H of Regenerative	Medicine
Division, Board, Department, District, if applicate	ole Your F Indirectent Citize	Medicine Position us Oversight Committee
► If filing for multiple positions, list below or or	n an attachment. (Do not use acronyms)	
Agency:	Positi	ion:
2. Jurisdiction of Office (Check at leas	t one box)	
State	☐ Judg	ge or Court Commissioner (Statewide Jurisdiction)
Multi-County	Cour	nty of
City of	Othe	er
3. Type of Statement (Check at least on	e box)	
Annual: The period covered is January 1 December 31, 2015.		aving Office: Date Left/
The period covered is/ December 31, 2015.	, avag	The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if different than	Part 1:
4. Schedule Summary (must compl Schedules attached	ete) ► Total number of pages i	including this cover page:
Schedule A-1 - Investments – schedule Schedule A-2 - Investments – schedule Schedule B - Real Property – schedule	e attached Schedule D	- Income, Loans, & Business Positions – schedule attached - Income – Gifts – schedule attached - Income – Gifts – Travel Payments – schedule attached
-or- None - No reportable interests on		- Tillicone - Gills - Havel Payments - Schedule attached
5. Verification	province and in the province and the second	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document of the Agency Address Recommended - Public Document - Public Docu	Ment CITY Itashor Way Sov E-MAIL ADDRES	h San Francisco CA Thy. laporte Q nodality. com
(65) 827 8022 I have used all reasonable diligence in preparin herein and in any attached schedules is true a	g this statement. I have reviewed this state	ment and to the best of my knowledge the information contained
I certify under penalty of perjury under the		
2/15/11		Kath Whate
Date Signed(month, day, year)	Signature	(File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

NAME OF BUSINESS ENTITY Viliax Finc	NAME OF BUSINESS ENTITY Community Systems
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Sentranductor	
	Data Storzy Softwar
FAIR MARKET VALUE ☐ \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft	Kely psa GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
Software	Biopharmacerticals
FAIR MARKET VALUE	FAIR MARKET VALUÉ
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
OF STAGE GENERAL DESCRIPTION OF THIS BUSINESS	My Health Teams GENERAL DESCRIPTION OF THIS BUSINESS
Medical Device	Social Media in Healthcare
FAIR MARKET VALUE \$\int\\$2,000 - \\$10,000 \int\\$10,001 - \\$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 See S1,000,000	\$2,000 - \$10,000 - \$100,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
· _ /	- 11
Data	Data Comawa, zeti-
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$\infty\$ \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule)	(Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Cadence Bromed ad GENERAL DESCRIPTION OF THIS BUSINESS Medical device - Strake reliab
Medical Device	Medical device - Strake reliab
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	
ACQUIRED DISPOSED	/
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Butter Fly Health
	GENERAL DESCRIPTION OF THIS BUSINESS
Software	Healthcare Product
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule	C) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: ___

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	700
Name	OWWISSION

NAME OF BUSINESS ENTITY EXXM Mobil	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Oil + Gas	·
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ / 15 / / 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	
ACQUIRED DIOPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
and the second s	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,900 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 15	/ / 15 / / 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

FAIR POLITICAL PRACTICES COMMISSION
Name

CALIFORNIA FORM

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Lafork Investments	
Name 176 Harbor Way Suth San Favaso Address (Business Address Acceptable)	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Family Investment Partnership	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \(\) \(\	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION General Partner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Mames listed below New leaf Venture Associates I L.P. New leaf Venture Associates I L.P. Diff Resociates I L.P.	3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property	New Lay Ventry Associates A L. P. Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Ventre Fund Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2015/2016) Sch. A-2

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
LaPorte Tuvestnents L.P. (Continued)	
La Porte Investments G.P. (Continued) Name 170 Harbor Way Sorth San Francisco	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS A	
tandy Investment Partnership	GENERAL DESCRIPTION OF THIS BUSINESS
	EAID MADUET VALUE IE ADDI ICADI E LIST DATE.
\$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000/15
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
	U Over \$1,000,000
NATURE OF INVESTMENT Martinership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other Other	Other Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
DLA BSociates IX L.P.	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Ventue Find	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
_ <i>_</i>	
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	FPPC Form 700 (2015/2016) Sch. A-2
Comments:	EDDC Advice Empile advice Ofense on any

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	JW WISSION

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Nodality Inc	Credit Susse
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
170 Harbor Way South San Francisco BUSINESS ACTIVITY, IF ANY, OF SOURCE	11 Madison Are New York Ny
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Biotechnology YOUR BUSINESS POSITION	Investment Banking
TOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Chilf Executive Officer	Former Employer
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000 \$10,000 \$\infty\$ OVER \$100,000	\$1,001 - \$10,000 \$1,000 S1,000 S1,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other Defend Conference on
(Describe) ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs: INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	_
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Sueel audiess
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
Community	
Comments:	